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|---|---|------------------------|---------------------|
| <h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;">(to be used for all correspondence after initial filing)</p> | | Application Number | 10/563,976 |
| | | Filing Date | February 2, 2006 |
| | | First Named Inventor | Anders Per Sorensen |
| | | Art Unit | 1609 |
| | | Examiner Name | Kerima K. Maasho |
| Total Number of Pages In This Submission | 3 | Attorney Docket Number | HOI-14402/16 |

| ENCLOSURES (Check all that apply) | | |
|---|--|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Response to Restriction Requirement |
| <div style="border: 1px solid black; padding: 5px; min-height: 40px;">Remarks</div> | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

The Director is hereby authorized to charge and credit Deposit Account No. 071180 to credit any overpayment or charge any additional filing or application or processing fees required under 37 C.F.R. 1.16 and 1.17

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|--------------|--|----------|--------|
| Firm Name | GIFFORD, KRASS, SPRINKLE, ANDERSON & CITKOWSKI, P.C. | | |
| Signature | /Ronald W. Citkowski/ | | |
| Printed name | Ronald W. Citkowski | | |
| Date | June 11, 2007 | Reg. No. | 31,005 |